

NEWSLETTER

Advancing Science & Health

Eighth Annual SRNT Meeting

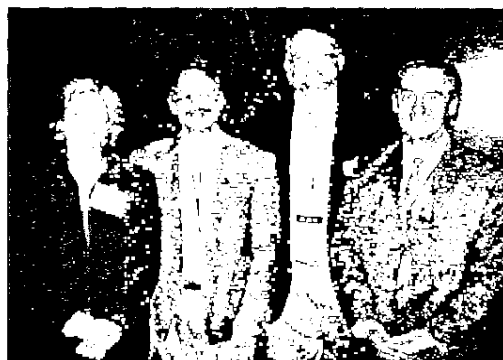
By Thomas Elissenberg

Over 600 registrants attended the Eighth Annual Meeting of SRNT in Savannah, Georgia. The meeting focused on three fields of research: Preclinical, Epidemiology/Public Health, and Clinical. The President's Symposium and paper sessions were multi-disciplinary, demonstrating how researchers can collaborate to address common questions in nicotine and tobacco research.

Keynote Speaker Ian Stolerman (Kings College, London) reviewed his research in nicotine, from studies of nicotine tolerance to research on genetic knockouts and their attenuated nicotine discrimination and self-administration.

In the Preclinical Lecture, Ron Lukas (Barrow Neurological Institute) described the family of nicotinic receptor subunits that are primary targets for nicotine actions in the brain and body and critical for understanding the influence of nicotinic receptors. Preclinical symposia considered molecular and physiological approaches to studying nicotine addiction and the neurobiology of dependence. We benefited by an increased emphasis in this area and will continue to include Preclinical themes in future meetings.

After receiving the Doll/Wynder Award, Gary Giovino (Roswell Park Cancer Institute) summarized recent findings on youth and adult smoking, and presented new data on cessation and how people quit smoking. In the



Left to right: Nancy Rigotti, new President-Elect; Harry Lando, President-Elect; Ken Perkins, President; and Bill Corrigan, Past President.

Epidemiological/Public Health Lecture, Ken Warner (University of Michigan) discussed harm reduction, the complex issues surrounding potential reduced-exposure products for smokers, and the need for regulatory action regarding these products. Symposia in this area considered ethical perspectives on collaboration with the tobacco industry and the effect of cessation programs in managed care.

In the Clinical Lecture, Richard Hurt (Mayo Clinic) discussed customized inpatient treatment for smokers, noting that many smokers might benefit from larger doses of NRT or bupropion and other non-nicotine treatments. With individualized treatment, more smokers might quit. Clinical symposia included discussions of pharmacotherapy, ways to reinvigorate behavioral therapies for smoking cessation, and research and treatment efforts of dentists and their support staff.

The National Cancer Institute sponsored a symposium based on their upcoming monograph, "Hardening the Target: Are Smokers Less Likely to Quit Now Than in the Past?" A post-meeting roundtable discussed current

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Linda Pederson presents the Doll/Wynder Award to Gary Giovino.

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research involving bupropion for treatment of nicotine dependence. All events highlighted the wealth of clinical expertise available to conference attendees and the high quality of treatment research carried out by tobacco/nicotine researchers around the globe.

Multi-disciplinary symposia and sessions. The President's Symposium (chaired by Laura Cousino Klein of Penn State) addressed preclinical, epidemiological, and clinical work focused on understanding adolescent nicotine addiction. Another addressed the influence of maternal smoking during pregnancy and adverse outcomes to offspring. Paper sessions included:

- Biological mechanisms and genetic influences on nicotine use
- Psychopharmacologic treatments for nicotine dependence
- Psychosocial influences on tobacco use
- Nicotine & smoking in adolescents & young adults
- Smoking cessation across the lifespan
- Tobacco use and cessation: risk and risk reduction

Poster sessions blended all areas of tobacco research, providing an exciting opportunity for interaction between presenters and audience.



SRNT President Ken Perkins gives the Outstanding Contributions Award to Glen Hanson on behalf of Alan Leshner.

award on Dr. Leshner's behalf and affirmed NIDA's strong commitment to nicotine and tobacco research. Martha Faraday (Uniformed Services University of the Health Sciences)

Alan Leshner, former Director of NIDA, received the Outstanding Contributions Award. Glen Hanson, Acting Director of NIDA,

accepted the

won the Ove Ferno Award for Innovative Research. The Young Investigator Award was presented to Kimber Richter (U Kansas Med Center). New Investigator Travel Awardees were Sean P. David, Dr. Chaoyang Li, K. Michael Cummings, and Lan Liang.

The Society also honored the lives and work of two of its own: Chris Silagy was remembered in a lecture delivered by Godfrey Fowler (Oxford University). John Slade was remembered with a presentation and moment of silence during the opening remarks. His memory will endure in the John Slade Prize, for outstanding contributions to public health and tobacco control through science-based public policy and policy advocacy.

Other events included a career development workshop, global network interest meeting, informal sharing session about work with young adults and teenagers, and a member's meeting. At the global network interest meeting, formal presentations were provided by Travel Award winners B.M. Tripathi and Raka Jai (both of the All India Institute of Medical Sciences, New Delhi), and George Bakhturidze (Academy of Healthy Lifestyle of IAYD, Republic of Georgia). A new competition for travel awards for the SRNT-Europe annual meeting in Santander, Spain, in September 2002 was announced, as were plans for a proposed satellite conference on global tobacco control issues to be held in conjunction with the 2003 SRNT meeting in New Orleans.

Nancy Rigotti (Massachusetts General Hospital) is SRNT's new President-Elect and Cynthia Pomerleau (University of Michigan) will be SRNT's Treasurer.

This meeting was an outstanding opportunity for colleagues in nicotine and tobacco research. The SRNT Program Committee hopes to make the 2003 meeting even more productive, with your help. Let them know if you have ideas for symposia, paper sessions, and other events for the Ninth Annual Meeting. The abstract submission deadline is September 6, 2002.

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The future of SRNT

Harry Lando

I am very grateful for the opportunity to serve as President of SRNT. I also am extremely fortunate. Due to the hard work of a number of outstanding individuals, SRNT is on a sound footing both scientifically and financially. This will allow me the luxury of pursuing several larger objectives during my term as President.

One key goal is to continue to help our growth as a Society and to have good representation of fields ranging from basic molecular to public health policy and advocacy. I believe that we have made progress, but still have some distance to go in attracting and retaining scientists from all areas of nicotine and tobacco research. I also hope that we can continue to have dialogue and discussion across disciplinary boundaries. I see SRNT as a wonderful vehicle for promoting transdisciplinary communication and research. I realize the temptation to focus on our own specific interests, but hope that in addition SRNT will provide opportunities to be exposed to some of the fundamentals in diverse and newly developing areas.

There have been discussions and differences of opinion concerning SRNT's role in advocacy and shaping public policy. Although, as Bill Corrigan noted in a previous column, we are not a policy or advocacy organization, I agree with his hope that we can use research to inform policy. I also believe that we can do more to work with others who seek to disseminate research into contexts such as community intervention, treatment, and prevention. I believe that SRNT as a Society has a good deal to offer those who are on the "front lines" and that there is excellent potential for research collaborations focused on adaptation and dissemination of findings across a broad spectrum.

Related to my interest in dissemination, I am working with a number of people to organize a one-day meeting to consider methods of expanding global research capacity and collaborative relationships. This meeting will take place next February in New Orleans, immedi-

ately before the annual SRNT conference. Although planning is in a very preliminary phase, content is likely to include: examples of current collaborative relationships, how to create and sustain effective international research partnerships, expanding training opportunities both for newer and more senior investigators, dissemination methodology and research, and identifying funding possibilities and opportunities for international work.

I hope that this conference will attract good attendance and will provide a way to begin to address a number of important international issues. This will be an open meeting and I would especially like to see strong representation from more junior investigators. I would very much appreciate your ideas and suggestions for this conference.

I would like to see SRNT provide good mentorship and support to newer investigators. In that context, I am very pleased that the Training Committee—under the leadership of Lisa Brauer, Janine Pillitteri, and Jon Kassel—is working to develop an SRNT training grant to provide mentoring opportunities to junior faculty members. SRNT has outstanding potential to provide support in career development and I believe our field can use all the help and new blood that we can attract.

Finally, I hope that members will view SRNT as an organization in which they have a meaningful voice. I especially hope that new investigators will feel welcome and know that their input is desired and appreciated. I personally would very much appreciate your comments. It is extremely difficult to address concerns that are not expressed. I will try to respond quickly to email and voice messages, although there will be times when I will be away for several days and may not be checking messages.

I look forward to working with all of you this year. Thank you again for the opportunity to serve as SRNT president.

Harry Lando



HARRY LANDO

Executive Committee

Harry Lando
President

Kenneth A. Perkins
Past President

Nancy Rigotti
President-Elect

Cynthia S. Pomerleau
Secretary-Treasurer

Welcome Spring!

Judith S. Gordon

This season brings a renewed sense of enthusiasm and energy. Here in the Pacific Northwest, we get occasional periods of sun and flowers are starting to bloom. This spirit of excitement has permeated our Newsletter as well. We have a new President and several other new officers and committee chairs.

In addition, many members submitted highlights, publications, photos, and articles. We greatly appreciate your input. That teamwork is what makes my job so pleasant and this newsletter so interesting. Special thanks go to Tom Eissenberg, John Hughes, Tracy Orleans, Phil Gardiner, Pam Clark, and Harry Lando for taking time out of their busy schedules to write articles for this issue, and to Christine Cody and Erika Westling for their invaluable assistance with production.

I would also like to "officially" welcome President Harry Lando to the newsletter staff.

As always, I welcome your suggestions, contributions, comments, letters, and feedback on both content and format. Please do not hesitate to contact me at Judith@ori.org, or by traditional methods.

Cheers!



JUDITH GORDON

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Dr. John Slade

Distinguished Leader in Addiction Treatment and Tobacco Prevention

Born in Atlanta in 1949, John Slade was a graduate of the Westminster Schools in Atlanta and a 1969 graduate of Oberlin College. He completed medical school at Emory University and postgraduate work in internal medicine, public health, and rheumatology at Rush-Presbyterian in Chicago, the New Jersey Dept. of Health as an Epidemic Intelligence Officer for the CDC, at the University of Medicine & Dentistry of New Jersey (UMDNJ), and St. Peters' Med Centers in New Brunswick. There he developed his interest in addiction medicine and the devastating effects of tobacco addiction. He was appointed Professor of Medicine, Robert Wood Johnson Med School of UMDNJ in 1998. He emerged as a leader in substance abuse prevention and tobacco control for New Jersey through his teaching, clinical work, and involvement with the state's Medical Society and Public Health Association. He was key in helping New Jersey develop its tobacco prevention and treatment program, funded as part of the 1998 \$206 billion settlement with tobacco companies.

Dr. George DiFerdinando, Jr., deputy commissioner of the New Jersey Dept. of Health & Senior Services called Dr. Slade, "The godfather of our tobacco control community." He was Director of the Program for Addictions at UMDNJ School of Public Health and worked arduously for global changes in smoking laws. John was selected by RWJ Foundation to direct national programs in substance abuse leadership—to attract and inspire new leaders in the field and to recognize and support leaders who have demonstrated outstanding achievement. Dr. Steven Schroeder, president and CEO of RWJF, called Dr. Slade, "one of the authentic heroes in the anti-tobacco movement. Though quiet and self-effacing, he saved thousands of lives. We all owe him a great debt."

He was on the Vestry of All-Saints Episcopal Church in Princeton and has served as president of the Council of Deacons of Grace Lutheran Church in Trenton. He is survived by his wife, Frances Fowler Slade, music director of Princeton Pro Musica; his parents, Drs. John de R. and Helen Benedict Slade; two brothers and sisters-in-law: Stephen & Daniela Slade of Atlanta and Michael Slade & Amelia Pryor of San Francisco; and numerous nieces and nephews.

John Slade had a deep, personal concern for those struggling with addiction and devoted his life to fighting that public health pandemic. He spoke out vigorously about advertising and promotion of tobacco products. His knack for collecting tobacco promo items—from T-shirts to model cars—created one of the largest repositories of its kind, which he dubbed, "Trinkets & Trash." He also had a wonderful sense of humor, a penchant for bow ties, and a Name Jersey license plate reading, "No Cigs."

He was on the team that conducted the first scholarly analysis of previously secret documents from Brown & Williamson, which formed the basis for the film *The Insider*. Dr. Slade's analysis led to a landmark series of articles in *JAMA* in 1995 plus the book, *The Cigarette Papers*. His groundbreaking work to prove that cigarettes are nicotine delivery devices helped make it possible for the FDA to claim regulatory authority over tobacco products under then-FDA Commissioner David Kessler. In his recent book, *A Question of Intent: A Great American Battle with a Deadly Industry*, Dr. Kessler credits Dr. Slade with playing a major role in influencing the FDA's fight against tobacco.

Dr. Slade was an outspoken champion for providing treatment for nicotine addiction and other forms of substance abuse to all who needed help. He has been listed since 1994 in *The Best Doctors in America*. He co-edited the first major clinical textbook on nicotine addiction, founded the Committee on Nicotine Dependence of the American Society of Addiction Medicine (ASAM) and, since 1988, directed a program in New Jersey to help treatment programs address nicotine addiction. He contributed to Surgeon General reports on smoking and other landmark national reports, was a founding member of SRNT, and received numerous awards for his work in addiction medicine and tobacco control, including awards from Emory University, the New Jersey GASP, the New Jersey Public Health Association, ASAM, and the German Medical Association.

Tracy C. Orleans The Robert Wood Johnson Foundation

John Slade was my friend, my mentor, and for so many things, my inspiration. I will miss him deeply, and work to find ways to honor his memory and to keep him present in my life and my work. There could be no more inspiring leader in the fight against tobacco-caused death and disease than John Slade, no wiser control warrior, no more caring friend, no more dedicated mentor, no more genuinely beautiful human being.



John Slade nurtured and summoned a unique kind of leadership in others. He led quietly, and powerfully, by example – and with an almost Talmudic way of challenging and empowering you to discover your unique gifts, and find the best ways to use them to make a difference. This was just one of John's enduring gifts to us.

There were many other gifts as well. His deep and abiding goodness, clarity of vision, and deeply held public health commitment made him the moral touchstone for our field. His sense of humor and mischief, his bow-tie-stylishness, and the joy he took in his relationships with so many of us – family, friends, colleagues and patients – were sources of delight that will never fade from memory. John Slade comes along only once in a lifetime. His untimely death challenges each of us to honor his memory by carrying on the work and the values that he stood for.

Therefore, in recognition of the extraordinary depth, breadth and impact of John Slade's contributions to our field and its mission, and in honor of the very personal way in which he touched, enriched so many of us in the SRNT community, the Society for Research on Nicotine and Tobacco is establishing The John Slade Prize, to recognize individuals who have made outstanding contributions to public health and tobacco control through science-based public policy and policy advocacy. This prize will carry on the vision to which John Slade dedicated his life – science that makes a difference to improve the public health – and inspire others to the fundamentally humanitarian values that he lived by.

The SRNT Awards Committee, chaired by Maxine Stitzer, will solicit nominations for The John Slade Prize, with the first award to be given next year. The final selection will be made by a panel, including Drs. C. Everett Koop, David Kessler, and Judy Wilkenfeld, three people who were not only John's friends but also the direct beneficiaries of his scientific and strategic brilliance. The John Slade Prize, which will be awarded annually, will be without a financial prize or corporate sponsor – in keeping with the humanistic nature of John's accomplishments and his commitment to community service. This prize is just one way that we as individuals and a society will continue to be inspired and guided by John Slade's shining legacy.

As Nancy Kaufman said so eloquently at the close of the eulogy she gave at John's memorial service two weeks ago, "in the void of John's leaving us, there is opportunity for all of us to step forward (in ways that John would have), to pick out and celebrate the best things about each other – to find new ways to work more closely together so we can achieve our common dreams and make a difference." In memory of John, we can do no less.

Researchers Zero In On Menthol

By Phil Gardiner

More than 70 tobacco control scientists and activists from throughout the U.S. and Canada met in Atlanta on March 21 & 22 to explore the hypothesis that menthol may increase disease rates and addictiveness of tobacco. Five panels of experts reviewed the sociology, marketing, epidemiology, initiation, biochemistry, and physiologic impact of mentholated cigarette use. Twenty-one posters were displayed, representing previous and ongoing studies on mentholated cigarettes' health effects.

One of the driving reasons for the conference was the generally unexplained, significantly higher, lung cancer rate among African-American males relative to other population groups. One hypothesis that has guided research over the past decade is that even with less daily consumption of cigarettes, the use of menthol cigarettes by African-American males may be an important causal factor in the disproportionate burden of lung cancer among this population. (For background info on Menthol and African Americans, open the July 2000 issue on the TRDRP website: www.ucop.edu/srphome/trdrp/archives.html.)

Phillip Gardiner from the University of California, one of the Planning Committee co-chairs, outlined conference goals: to determine what we do and do not know about menthol and tobacco, what the outstanding research questions are, and to begin to redress the lack of systematic investigation and inquiry by tobacco researchers into the potential hazardous health effects of mentholated tobacco products. Pamela Clark of Battelle Centers for Public Health Research & Evaluation, another planning committee co-chair, laid out the heuristic map that asserted that the sociology and marketing of menthol has led to the concentration of mentholated cigarette use among African Americans, women, and youth. She hypothesized that mentholated cigarettes may play a role in smoking initiation, maintenance, disease, and—ultimately—death.

The sociology panel was the first of the morning. In a wide-ranging presentation, Dr. Gardiner reviewed the ascent of menthol cigarettes from only 2% of the

market in the 1930s to roughly 25% today. He highlighted the rise of Kools in the 1960s, showing that—with the creation of the segregated black urban market—menthol cigarettes took their place alongside fortified wines, malt liquors, and cheap whiskeys; these products were then, and continue to be, marketed mainly to African Americans. William Adams, Jr., Esq. then reviewed the rise of different menthol cigarette brands and how the tobacco industry has created a “health cache” surrounding mentholated cigarettes.

Charyn Sutton from the Onyx Group, the “Dean of Menthol,” led off the marketing panel with a presentation showing that, since the 1950s, the Tobacco Industry has stopped advertising regular brands to African Americans and almost exclusively pushed menthols on them. Pamela Clark finished the panel by presenting data showing that the price of mentholated cigarettes was the lowest in poor and African-American communities, therefore making them much more accessible to these populations.

Robert Robinson of the CDC Office on Smoking and Health gave the luncheon keynote address, in which he traced the development of the struggle and victories against “Uptown” and “X” mentholated brands developed and specifically targeted to the African-American market.

On the epidemiology panel, Gary Giovino, from Roswell Park Cancer Center Institute, discussed how Newport is preferred overwhelmingly (>70%) by African Americans between the ages of 12-25 and is now the second leading brand among white smokers of the same age group. He also showed that adolescent menthol smokers were more likely than the users of non-mentholated cigarettes to smoke cigars and blunts. Steve Sidney concluded the panel with a presentation on the morbidity and mortality associated with the use of mentholated cigarettes. Sidney pointed out that there was only a weak association between mentholated cigarette use and smoking-related cancers, notably lung

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Menthol *(Continued from page 7)*

cancer. He also reported no data on the association between mentholated cigarette use and other medical disorders, and stressed the need to increase research in this field, especially around cardiovascular disease.

Jed Rose, from Duke University, led off the smoking initiation panel with a presentation of the sensory qualities and reinforcing effects of mentholated cigarettes. Robin Mermelstein, from the University of Illinois at Chicago, reported on interviews with white youth that suggested that this group was taking up menthols in an attempt to be like their African-American counterparts. She also presented data on web sites encouraging youth to start their smoking careers with menthol brands.

Jack Henningfield, from Pinney Associates, opened the biochemistry and physiology panel with a series of questions, such as whether menthol might alter the addiction potential of cigarettes or exert pharmacologic effects that increase the reinforcing effects of nicotine as acetaldehyde does? Neil Benowitz's presentation on the pharmacology of menthol identified mechanisms by which menthol cigarette smoking could increase lung cancer risk. There may be greater intensity of smoking because of the cooling effects of the menthol; there could be greater absorption of smoke toxins owing to effects of menthol on cell permeability; menthol may

alter the metabolism of nicotine, in turn affecting the intake of tobacco smoke; and it may enhance tobacco's addictiveness. Benowitz ended by reporting on a small study in which menthol cigarettes had no effect on blood nicotine concentrations, the amount of nicotine taken in while smoking, and blood carboxyhemoglobin levels. Conversely, he found that menthol cigarette smoking significantly lowered the clearance of nicotine and inhibited glucuronide conjugation of nicotine.

Karen Ahijevych, from Ohio State, presented evidence that smoking menthol cigarettes results in increased levels of carbon monoxide and cotinine. Bridgette Garrett, from the CDC, reviewed what the Tobacco Industry knows about menthol as a cigarette additive. Greg Connelly, Director of the Massachusetts Tobacco Control Program, described the activities in his state to regulate tobacco additives, including menthol.

Scott Leischow, from the Tobacco Research Branch of NCI, summarized the conference, eliciting suggestions for increasing research on mentholated tobacco products. He announced that the NCI would publish the conference proceedings and make them available to both researchers and the major funders of tobacco control research.

Planning Committee: Jesse W. Brown, Pamela I. Clark, Mirjana Djordjevic, Peebles Fagan, Phillip S. Gardiner, Bridgette Garrett, Karen Gerlach, Deirdre Lawrence, Scott J. Leischow, Helen Lettlow, Robert G. Robinson, and Charyn D. Sutton.

Ove Ferno Award

Martha M. Faraday, Ph.D., was the winner of the 2002 Ove Ferno Award for Innovative Research for her proposal entitled, "Nicotine's Antidepressant Actions in Depression-Sensitive and Depression-Resistant Female Rats." Dr. Faraday graduated Phi Beta Kappa from the College of William and Mary in 1982 with a double-major B.A. in Government and English. During the 1980s, she worked for the Federation of American Societies for Experimental Biology (FASEB) and the American Society for Cell Biology (ASCB) as legislative liaison and public affairs officer. In 1994, she entered the doctoral program of the Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD, and joined the laboratory of Neil E. Grunberg, Ph.D. She received her Ph.D. in Medical Psychology in 2000 with an emphasis on stress, nicotine, quantitative methods, and statistical analysis. In 2000, she was appointed an assistant professor at the Uniformed Services University in the departments of Medical and Clinical Psychology; Anatomy, Physiology, & Genetics; and Program of Neuroscience. Her research has won poster citation awards from the Society of Behavioral Medicine (1999) and the American Psychosomatic Society (2001). Dr. Faraday is a member of the Society for Research on Nicotine and Tobacco, the American Psychological Association, and the American Psychosomatic Society. She serves as an *ad hoc* reviewer for *Nicotine & Tobacco Research*, *Pharmacology Biochemistry & Behavior*, and *Addiction*.

Gérard DuBois chaired a government-sponsored ministerial working group in France on "Tobacco Risk Reduction" that began in September 2000. The report was presented to the French government officially in November 2001. The group made proposals on tobacco products regulation and on "harm reduction." The 25 proposals presented and supported by the government are outlined on page 11 of this newsletter.

Tony P. George, Assistant Professor of Psychiatry at the School of Medicine and the Connecticut Mental Health Center, received a three-year grant for over \$600,000 from NIDA entitled, "Nicotinic Receptors and Cognitive Function in Schizophrenia," and a four-year grant from NIDA entitled, "Optimizing Treatments for Schizophrenic Smokers."

John Hughes has been named Chair of the Vermont Tobacco Evaluation and Review Board, which oversees the MSA money for tobacco control for the state.

Laura Juliano has received a Best Dissertation Award from Division 28 of the American Psychological Association. Her dissertation, conducted in Dr. Thomas Brandon's laboratory at SUNY Binghamton, is entitled, "The anxiolytic effects of smoking: Partitioning pharmacology and expectancies using the balanced placebo design."

Scott McIntosh Assistant Director of the Smoking Research Program at the University of Rochester had three abstracts published in the August issue of Preventive Medicine. The titles were "Environmental and Policy Interventions: Tobacco Control," "The Cardiovascular Health Practitioners' Institute: Skill-building for the Public Health Workforce and its Partners," and "Policy and Environmental Priorities in Cardiovascular Risk Reduction."

David H. Malin has been elected a University Fellow of University of Houston at Clear Lake.

Deborah J. Ossip-Klein has been appointed Chief, Division of Social and Behavioral Medicine, Department of Community and Preventive Medicine, University of Rochester School of Medicine.

Fourth European SRNT Conference

Improving Knowledge & Treatments of
Nicotine Addiction

Oct. 3-5, 2002, Santander, Spain

Santander is an elegant seaside city in the North of Spain. The Conference venue, Palacio de la Magdalena, is a beautiful 19th Century palace built as a summer residence for King Alfonso XIII. Santander is close to some excellent golf courses, and numerous notable sites, including the Altamira caves famous for their pre-historic art.

See page 12 for more details.



Regulating Tobacco, edited by Robert L. Rabin and Stephen D. Sugarman

Reviewed by John Hughes

Regulating Tobacco.
(2001). R. L. Rabin & S. Sugarman (Eds.), New York: Oxford.

One of my best friends is a sociology professor interested in the "social construction of problems" (i.e., how cultures define important problems to be solved). We have decided that the designation of tobacco use as a major problem in the US is one of the most rapid and dramatic "constructions" (from my friend) or "discoveries" of a social problem. I, and others before me (Henningfield, *Behavior Analyst*, 12, 99), believe there are few other behavioral problems for which science has played such a large role defining and solving. In addition, many scientific fields have two camps: those who generate science and those who use the science to influence society. Our field is unusual in that the same scientists often do both.

Regulating Tobacco is a great introductory primer by such scientists. The book has little jargon, is easy-to-read, and I found it intellectually stimulating. The book is not a quantitative review of trials of different policy interventions (for that try the Cochrane reviews). Instead, it is a thoughtful analysis of what has worked, what has not worked, and what might work in the future—all discussed with a refreshing pragmatism. It contains chapters on taxation, marketing, supply

reduction, legal venues, harm reduction, smoking restrictions, and international efforts. Four of the nine authors (Drs. Chaloupka, Rigotti, Slade, and Warner) are SRNT members.

What impressed me most was the spirit of empiricism. Sometimes face-valid interventions simply do not work and the authors face up to this. Another asset is the relative lack of moral indignation (some of us seem to believe that being "morally right" increases the probability that our intervention will work). Additionally, there is less industry bashing than is typical in many tobacco policy writings. Just as a psychotherapist should not blame the patient when the patient does not change, we as scientists should not blame the tobacco industry when we cannot figure out how to reduce tobacco use. The other thing we should not blame is "politics" (I equate politics with the cause of a nonlogical decision that the speaker does not like). I believe a better strategy is to regroup, think hard, look at the data, come up with some creative ideas, and test those ideas. If you want to do that, this book is a good starting place.

Addressing Tobacco in Managed Care National Program Office announces ten new grant awards

Ten grants totaling \$2.7 million have been awarded through the Addressing Tobacco in Managed Care (ATMC) program, based at the University of Wisconsin Medical School's Center for Tobacco Research and Intervention (CTRI). The ATMC program, funded by The Robert Wood Johnson Foundation, promotes the integration of effective smoking cessation interventions into the basic health care provided by managed care organizations and encourages the managed care and research communities to collaborate in achieving this goal. Two types of grants were awarded through this initiative. Planning grants fund pilot or demonstration projects and evaluation grants fund research on the impact of systems changes.

Receiving the five planning grants are: Massachusetts General Hospital for Children, Boston, MA; Providence Health System, Portland, OR; Indiana University School of Nursing, Indianapolis, IN; University of Pittsburgh, Pittsburgh, PA; and HealthCare Partners Institute, Los Angeles, CA. Receiving the five evaluation grants are Providence Health System in Portland, OR; Columbia University, New York, NY; Michigan State University, East Lansing, MI; Health Partners Research Foundation, Minneapolis, MN, and Massachusetts General Hospital, Boston, MA.

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Twenty-five proposals from the Working Group on Tobacco Risk Reduction
(Paris, France 2002)

Concerning product modification:

1. Modify smoking machine standards to more closely reproduce the behavior of smokers.
2. Increase the number of chemical parameters measured by adding benzene, formaldehyde, cyanhydric acid, and the two most carcinogenic nitrosamines, NNN and NNK.
3. Obtain statements from the manufacturers of all ingredients in each brand of cigarettes.
4. Begin a process towards a total ban on additives, starting with an immediate ban on added ammonia.
5. Decrease the level of the known carcinogenic nitrosamines NNN and NNK in tobacco smoke in all tobacco products on the market.
6. Increase the fixed tax on tobacco products.
7. Raise the level of taxation to the highest observed rates in the European Union.
8. Ban all appellations that could mislead the consumer, such as "light" and "mild."
9. Standardise the presentation of units of packaging (generic packaging).
10. Improve health warnings by including a requirement that they address the product and not the behaviour ("Cigarettes kill," not "Smoking kills"), and placing them on the upper portion of the package sides, accompanied by images.
11. Add information on the package about smoke content of formaldehyde, benzene, cyanhydric acid, and the nitrosamines NNN and NNK.
12. Add a message urging stopping smoking with a telephone number to call for help in cessation.

Concerning reduction of tobacco consumption:

13. Continue efforts to improve the efficacy and effectiveness of smoking cessation techniques.
14. Facilitate the utilisation of nicotine replacement for temporary cessation.
15. Allow the possible extended use of nicotine replacement in patients with chronic diseases, in two conditions: to maintain cessation and avoid relapse, and to aid decreased daily tobacco consumption, under medical surveillance, among patients whose chronic disease is aggravated by continued tobacco use, and whose cessation attempts have failed.
16. Evaluate reduction of risk by decreased tobacco consumption with the aid of nicotine replacement devices initially among patients with chronic conditions aggravated by tobacco use (chronic bronchitis, coronary artery disease, arteritis) who were unable to stop smoking, over a fixed period of time (between six months and one year) The high rate of complications and their severity should permit a rapid response. Only products that are controlled legally and through pharmacological regulation can be used.
17. Validate the role of markers of tobacco use risk.
18. Undertake as soon as possible epidemiological and clinical research on the consequences of reduced consumption among smokers not suffering a chronic illness. Any effects must occur sufficiently rapidly and demonstrably, or else their impact will be considered too limited for risk reduction to become part of public health policy.
19. Undertake studies about smokers' attitudes and behaviours.

Concerning the organization of public health:

20. Reinforce the means available to concerned ministerial structures, particularly the Ministry of Health.
21. Reinforce the means available to concerned public agencies working in inter-ministerial coordination within the MILDT (Inter-Ministerial Mission to Fight Drug Use and Addiction).
22. Reinforce the means available for public research by developing laboratories for the study of tobacco smoke and the analysis of the biological effects of the constituents of tobacco smoke, assuring human studies on the biological consequences of tobacco use and regularly monitoring the evolution of the market according to the brand and the product.
23. Reinforce the means available for organisations involved in tobacco control. The WHO proposes that 1% of all tobacco taxes should be dedicated to tobacco control.
24. Apply legislative and regulatory measures for the protection of non-smokers in public and work places, which promotes temporary and definitive cessation.
25. Support efforts to coordinate and harmonise tobacco control throughout the European Union and the European Region of the WHO. The implication of national agencies regulating medications and of national experts allows for progress in knowledge and more rapid evolution in decision-making, as shown by the partnership programme of the European Office of the WHO to reduce tobacco dependence.

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The process used to select recent member publications consists of multiple data base searches for publications with SRNT members listed as first author. This list is neither exhaustive nor comprehensive, nor does it imply endorsement by the Society.

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UPCOMING EVENTS (2002)

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Postdoctoral

Postdoctoral Fellowship: Child and Adolescent Health Promotion, The Prevention Research Branch of the National Institute of Child Health and Human Development

A postdoctoral fellowship is available in child and adolescent health promotion to collaborate with senior scientists on ongoing research on adolescent aggression prevention and family management of childhood diabetes. Opportunities exist for independent research. For additional information: www.training.nih.gov/ and www.nichd.nih.gov/about/despr/despr.htm.

Send application materials to Denise Haynie, Ph.D., Prevention Research Branch, Bldg 6100 7B05, 9000 Rockville Pike, Bethesda, MD 20892-7510 (Email: Denise_Haynie@nih.gov). Subject to the availability of funds.

Position in Smoking Research, Johns Hopkins School of Medicine

A two-year postdoctoral position is available in the smoking research laboratory at JHUSOM. The work involves both controlled experimental and clinical trials research related to smoking lapse exposure during abstinence. The position offers a stimulating and productive research environment within the postdoc training program of the Behavioral Pharmacology Research Unit. Salary is determined by standard USPHS guidelines.

Send resume and letter of interest to: Maxine Stitzer, Ph.D., Professor of Psychiatry & Behavioral Sciences, Behavioral Pharmacology Research Unit, Johns Hopkins Bayview Medical Center, 5510 Nathan Shock Drive, Baltimore, MD 21224, phone (410) 550-0042, fax (410) 550-0030, email mstitzer@jhmi.edu.

Position in Human Behavioral Pharmacology of Nicotine, University of Pittsburgh

Postdoctoral positions in the behavioral pharmacology of nicotine in humans may be available in the laboratory of Dr. Kenneth A. Perkins at the University of Pittsburgh. Ongoing NIDA-supported projects include environmental modulation of nicotine discrimination, sex differences in influences on tobacco self-administration, and individual differences associated with sensitivity to nicotine, including genetic and personality factors. Applicants also interested in clinical research may become involved in smoking cessation studies.

Interested candidates should send a C.V. and letter of interest to Dr. Perkins at the following address: Kenneth A. Perkins, Ph.D., Department of Psychiatry, University of Pittsburgh Medical Center, 3811 O'Hara Street, Pittsburgh, PA 15213, phone (412) 624-1716, fax (412) 624-6018, email perkinska@msx.upmc.edu.

Fellowship in Clinical Research, Philadelphia VA Medical Center

The Mental Illness Research Education and Clinical Center (MIRECC) of the Philadelphia VA Medical Center announces the availability of a two-year postdoctoral position beginning July 1, 2002. The MIRECC is a joint enterprise of the Philadelphia VAMC and the University of Pennsylvania. Approximately 75% of the fellows time will be spent in research and 25% in clinical activities. Prior experience in functional neuroimaging and/or neuropsychological assessment of frontal function is preferred. The fellowship will provide opportunities to collaborate with established investigators, and to initiate clinical research in the area of functional brain imaging/neuropsychological assessment in substance abuse. Fellows will have access to consultation and support in experimental design, biostatistics, bioethics, data management, and assessment, as well as to trained research assistants and competitive pilot research funds. Clinical assignments will provide training relevant to the fellows' interests and will facilitate access to patient flow and research material. Fellows will complete coursework relevant to comorbidity, attend a seminar series and case conferences, and participate in teaching activities at the medical school and resident level. The successful candidate will have completed either a Ph.D. in clinical or counseling psychology (with APA-accredited internship completed by July 1, 2002), or an M.D. with residency in Psychiatry (completed by July 1, 2002).

Applicants should submit a statement of research/career interests and plans, curriculum vitae, and three potential references to Anna Rose Childress, Ph.D., c/o MIRECC Post-Doctoral Fellowships, PENN/VA Addiction Treatment Research Center, 3900 Chestnut Street, Philadelphia, PA 19104-6178. By e-mail, contact childress_a@mail.trc.upenn.edu.

The VA Medical Center and University of Pennsylvania are Equal Employment Opportunity Organizations, hiring candidates without regard to age, gender, race/ethnicity.

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NIDA Postdoctoral Fellowship in Substance Abuse Research

An NIH/NIDA postdoctoral position is available to investigate the brain substrates of addiction and relapse vulnerability. Prior experience in functional neuroimaging, imaging analysis, and/or neuropsychological assessment of frontal inhibitory function is preferred. The fellowship will provide opportunities to collaborate with established investigators, and to initiate clinical research in the area of functional brain imaging (PET, fMRI)/ neuropsychological assessment in substance abuse. Brain substrates of incentive motivation (cue-induced craving, "GO!") and its inhibition ("STOP!") are a laboratory focus. Fellows will have access to consultation and support in experimental design, biostatistics, bioethics, data management, and assessment, as well as to trained research assistants and competitive pilot research funds. Clinical exposures will provide training relevant to the fellows' interests and will facilitate access to patient flow and research material. Fellows will complete didactics relevant to substance abuse, attend a seminar series and case conferences, and participate in teaching activities at the medical school and resident level. The successful candidate(s) will have completed either a Ph.D. in Psychology, Neuroscience, or related field (by July 1, 2002), or an M.D. with residency in Psychiatry (by July 1, 2002). Applicants should submit a statement of research/ career interests and plans, curriculum vitae, and three potential references to Anna Rose Childress, Ph.D., Department of Psychiatry, PENN/VA Addiction Treatment Research Center, 3900 Chestnut Street, Philadelphia, PA 19104-6178. By e-mail, contact childress_a@mail.trc.upenn.edu. *The University of Pennsylvania is an Equal Employment Opportunity Organization, hiring candidates without regard to age, gender, race/ ethnicity.*

If you have announcements you would like to appear in the SRNT Newsletter, please e-mail them to the Editor, Judith Gordon, at judith@ori.org.

Research Fellowship, University of Massachusetts Medical School

The Division of Preventive and Behavioral Medicine at the University of Massachusetts Medical School has an opening for a two-year postdoctoral fellowship in tobacco treatment and control. Current research focuses on adolescent smoking prevention and treatment, adult nicotine dependence treatment, and policies affecting statewide tobacco treatment services. The Fellow will gain experience with clinical trials and a large-scale policy study. Opportunities exist to gain experience in research development and grant writing, project management, data analysis and manuscript preparation. Applicant must have received a Ph.D., M.D. or equivalent degree from an accredited institution. Competitive stipend with an excellent benefits package is offered.

Applicants should contact Dr. Lori Pbert at the University of Massachusetts Medical School, Division of Preventive and Behavioral Medicine, 55 Lake Avenue North, Worcester, MA 01655, phone (508) 856-3515, email lori.pbert@umassmed.edu.

Fellow for Pathways to Health and Community Partnership Research

Applications are invited for a one or two year, full-time postdoctoral fellowship position beginning September 2002. This fellowship offers a rich variety of experience working within a multidisciplinary environment on a number of research projects currently funded in the area of knowledge management and health care research. The position will work at the interface of behavioural and information sciences as they relate to population health, health services, health services reform, community partnership and evidenced based decision making. Specifically, the incumbent will explore the following: outcome evaluation, interactive computer technology for learning and behaviour change, integrated information systems and knowledge management, impact of technology on work and health care, linked databases, and health technology assessment.

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Fellows are encouraged to initiate research within the study topics outlined above. The annual stipend offered is \$45,000 plus benefits. Any innovative mix of relevant preparation will be considered for this unique interdisciplinary training position. The most likely qualifications are a Ph.D. in behavioural or social sciences (psychology, anthropology, sociology, information sciences or other related disciplines), publications in the field, and knowledge of information science as it relates to health care systems.

By May 1st, 2002, applicants are requested to submit: current C. V., a brief overview of research areas of interest along with a description of short term objectives to be achieved with a fellowship, and long term career goals, three letters of recommendation, and graduate transcripts. For more information and to submit an application, contact: Jennifer Bitz, Research Coordinator, Centre for Clinical Epidemiology and Evaluation, Research Pavilion, Vancouver Hospital, Room 709, 828 West 10th Ave., Vancouver, BC, Canada V5Z 1L8, phone (604) 875-4111 ext. 61810, email: jbitz@vanhosp.bc.ca

Postdoctoral Fellowships, The University of Texas M. D. Anderson Cancer Center
 Department of Behavioral Science accepting applications for

several
 postdoctoral
 Fellowships (1-3
 year appointments) to work

THE UNIVERSITY OF TEXAS
**MD ANDERSON
 CANCER CENTER**
"Making Cancer History"

with Dr. David Wetter in Smoking Cessation and Nicotine Dependence. Fellows will have the opportunity to participate in several studies funded by NCI and NIDA. Areas of research include treatments for smoking cessation and relapse prevention using palmtop computers, motivational enhancement strategies, and cognitive behavioral approaches; models of smoking motivation; ecological momentary assessment techniques; genetics, nicotine dependence, and nicotine withdrawal; and smoking among minority and special populations (e.g., African Americans, Hispanics,

pregnant women). Study designs include clinical trials and longitudinal cohorts. Strong interest in working with minority and underserved populations required. Join a productive, multidisciplinary research team, serve on project teams, implement research protocols, oversee quality control and data management procedures, and participate in career development activities. Fellows will participate in the grant writing and publication process, and share in authorship and investigator status in a manner commensurate with effort and responsibilities. Those interested may develop quantitative and statistical expertise in the areas of correlation structure analysis, structural equation, multi-level, and longitudinal modeling and may also develop collaborative projects that can be used to further their own research interests. Salary is extremely competitive with excellent fringe benefits. The candidate should have a doctoral degree in psychology, public health, or a related discipline. Experience and expertise in tobacco/addiction research or quantitative methods preferred, but not required. For psychologists seeking licensure, opportunities exist for obtaining postdoctoral hours and supervision. The University of Texas M.D. Anderson is located within the Texas Medical Center, the largest medical center in the world. Houston is a dynamic, multicultural city with a very affordable cost of living. *Applications will be accepted and reviewed until the positions are filled.*

Mail or email a cover letter, C. V., and list of three references to: David W. Wetter, Ph.D., The University of Texas M. D. Anderson Cancer Center, Department of Behavioral Science, 1515 Holcombe Blvd., Box 243, Houston, Texas 77030, email Dwetter@mdanderson.org.

The University of Texas M. D. Anderson Cancer Center is an Equal Opportunity/Affirmative Action Employer and is a smoke-free environment. Women and minority candidates are encouraged to apply.

These postings are printed as a service to SRNT members. Responsibility for accuracy rests with those supplying information. Applicants are responsible for verifying salary levels, benefits, job expectations, permanence of position, possibility for tenure, and all other issues pertinent in research-related employment.

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Postdoctoral Position, Smoking Research Program at James P. Wilmot Cancer Center and Department of Community and Preventive Medicine at the University of Rochester School of Medicine

Includes 11-county trial with older smokers; adolescent smoking intervention in pediatric practices; special populations; clinical, health, and cost outcomes. Option to earn concurrent MPH. Flexible start date after July 1, 2002. Possible renewal to 3 years. Dynamic multidisciplinary team. Competitive stipend with benefits. PhD in Psychology, Sociology, Epidemiology, or other behavioral sciences.

Send C. V., 3 references to: Deborah Ossip-Klein, Ph.D., James P. Wilmot Cancer Center, 601 Elmwood Avenue, Box 704, Rochester, NY 14642, phone (716) 273-3877, email deborah_ossipklein@urmc.rochester.edu.

The University of Rochester is an Equal Opportunity Employer. Applications from women and members of ethnic minorities are especially welcome.

Postdoctoral Research Position, University of Vermont

A two- to three-year NIDA Institutional Training Grant postdoctoral position at the University of Vermont to work with John Hughes, M.D. is available beginning July-Nov 02. The major focus will be smoking reduction among smokers not interested in quitting and "safer" cigarettes/nicotine products. The postdoc will also interact with Drs. Bickel, Budney, Flynn, Higgins, and March, as well as with three other postdocs and four psychology graduate students supported by our training grant, all doing research in alcohol, cocaine, nicotine, marijuana and opioid effects or use. Position will be filled when qualified applicant accepts. For more info, email or call Dr. Hughes or go to www.uvm.edu/~hbpl.

If interested, send cover letter and vita via email to Dr. Hughes: John R. Hughes, M.D., Professor, Department of Psychiatry, University of Vermont, 38 Fletcher Place, Burlington, VT 05401-1419, phone (802) 656-9610, fax (802) 656-9628, email john.hughes@uvm.edu.

Teen Tobacco Addiction Treatment Research Clinic (TTATRC), Intermural Research Program, NIDA, NIH, Baltimore, MD

TTATRC is an active and innovative research program, and this position offers an excellent opportunity for academic growth. The successful candidate must hold a doctorate degree in experimental psychology, public health (epidemiology), biostatistics, or medicine, and will combine academic and technical skills relevant to tobacco or addiction research. Although prior experience in this field is desired, it is not necessary. Candidates must be experienced in data and statistical analyses. Superior communication skills, both written and oral, are required, as scientific reports and presentations will be an important component of the assigned duties. In addition, interpersonal skills and some clinical experience are desired. The individual will be expected to assist in the design and conduct of research protocols, analyze and interpret data, produce articles for publication in peer-reviewed journals. The successful candidate will also participate in other activities of the Department.

Applicants must submit a C. V. with bibliography, statement of research interests and goals, three letters of recommendation and a copy of doctoral degree (if in a foreign language, include a certified English translation) to Eric T. Moolchan, M.D., Clinical Pharmacology and Therapeutics Research Section, NIH/NIDA/IRP, 5500 Nathan Shock Drive, Baltimore, MD 21224, phone (410) 550-1846, fax (410) 550-1656, email emoolcha@intra.nida.nih.gov. Deadline for application is June 1, 2002.

The NIH is an Equal Employment Opportunity employer, and applications from women and minorities are encouraged.

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Scientist

Health Scientist Administrator, NIDA, Division of Neuroscience and Behavioral Research, Translational Research Branch, Bethesda, MD.

Permanent, Full-Time Health Scientist Administrator. Series and Grade: GS-601-13/14, NIDA-02-0022. Salary: \$66,229 - \$101,742, plus Physician's Comparability Pay, Recruitment Bonus, or Relocation Allowance of up to 25 percent may be paid. Closes 04/15/2002. All qualified applicants may apply. Travel and relocation expenses will not be paid. Appointment may be made using other appointing authorities. The incumbent initiates and directs a grants and contracts funded program of investigation on: the risks and adverse consequences of tobacco use; the cognitive, subjective, and neurobiological effects of nicotine addiction; the co-morbidity between nicotine addiction and other psychopathological conditions, etc. It is expected that the research supported will lead to improved behavioral and cognitive treatments and pharmacotherapies for smoking cessation. Candidates must meet qualifications and time-in-grade requirements within 30 days from the closing date of this vacancy announcement. Basic Requirements: Applicants for the subject position must be U.S. citizens and must meet the requirements described below. Please obtain a copy of the job description to obtain the list of all requirements. Successful completion of all requirements for a

Ph.D. (or equivalent doctoral degree) in an accredited college or university including acceptance of the dissertation in an academic field relevant to the position.

Knowledge of contemporary research approaches and techniques in basic and applied investigations with human subjects and skill in managing a successful research program; knowledge of contemporary literature in behavioral science research in the field(s) of nicotine abuse and addiction and the ability to identify underrepresented research areas; Ability to communicate orally on complex scientific and administrative issues, to identify significant scientific questions, and to plan and lead scientific workshops and seminars in these topic areas; Skill in writing communications on scientific material.

Contact: Maryann Postorino (NIDA-02-0022), National Institutes of Health, NIDA Human Resources Office, 6001 Executive Blvd., Room 5128 Msc 9587, Bethesda, MD 20892-9587, email mpostori@ngmsmtp.nida.nih.gov, phone (301) 443-4577, fax (301) 443-8908, TTY 800-735-2258.

NIH is an Equal Opportunity Employer. Selection for this position will be based solely on merit, without discrimination for non-merit reasons such as race, color, religion, sex, national origin, politics, marital status, sexual orientation, physical or mental handicap, age or membership or non-membership in an employee organization.

Ten new grant awards (Continued from page 10)

Project topics include evaluating whether an electronic medical record (EMR) provider feedback system increases the percentage of tobacco users choosing to quit, measuring the costs and impact of proactively offering and providing telephone cessation counseling, and assessing whether a managed care organization-sponsored tobacco cessation system for patients can be created, implemented and maintained in dental offices.

CTRI, established by the University of Wisconsin Medical School in 1992, is a nationally recognized research center. RWJ Foundation, based in Princeton, NJ, is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grant making in four areas: to assure that all Americans have access to basic health care at reasonable cost; to improve care and support for people with chronic health conditions; to promote healthy communities and lifestyles; and to reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs. For more information, please visit www.medicine.wisc.edu/npa or contact Paula Keller, MPH, Deputy Director, Addressing Tobacco in Managed Care National Program Office. Email pak@ctri.medicine.wisc.edu or phone 608-262-4094.

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